24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign PAC	C C00235853
Check if 24-hour report 48-hour report New report Amends report file	d on 02 01 2016
Full Name of Payee Stones' Phones	Date of Public Distribution/Dissemination
Stories i nones	M = M / D = D / Y = Y = Y
Mailing Address 41-750 Rancho Las Palmas Dr Ste E-	Amount
City State Zip Code	2176.18
Rancho Mirage CA 92270	Transaction ID : D622648 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Calls Category/ Type	02 / 01 / 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
Lillam, Dadham Olintan	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disk 2016	oursement For: X Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
The Pivot Group	M = M / D = D / Y = Y = Y
Mailing Address 1720 I St NW	Amount
City State Zip Code	12858.20
Washington DC 20006	Transaction ID : D622647 Date of Disbursement or Obligation
Purpose of Expenditure Mailing Category/ Type	01 / 29 / 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
Hillary Rodham Clinton Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: X Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	15034.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1171171171
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	·
	02 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DC F H Ž G7 < 98 I @ 'C F' ± H9 A = N 5 H± C B

Form/Schedule: F24A Transaction ID:

Adjusted expenditure for telephone calls.

Form/Schedule: Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	DIDENTIFICATION NUMBER ▼	
Human Rights Campaign PAC	C00235853	
Check if \times 24-hour report 48-hour report New report \times Amends report filed on 02 01 2016		
Full Name of Payee Doyle Printing & Offset Date of Pu	ublic Distribution/Dissemination	
Mailing Address 5206 46th Ave Amount		
City State Zip Code	864.39	
Hyattsville MD 20781 Transaction	on ID : D622646 isbursement or Obligation	
Purpose of Expenditure Signage Category/ Type 02		
Name of Federal Candidate Support Office Sought:	House District: 00	
Hillary Rodham Clinton Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: X Primary General (specify) >	
Full Name of Payee Date of Pt	ublic Distribution/Dissemination	
Mailing Address Amount		
City State Zip Code	7	
Purpose of Expenditure Category/ Type Date of Di	isbursement or Obligation	
Name of Federal Candidate Support Office Sought: Oppose President	House District:	
Calendar Year-To-Date Disbursement Fo		
(a) SUBTOTAL of Itemized Independent Expenditures	864.39	
(b) SUBTOTAL of Unitemized Independent Expenditures	4 1 4 1 4 1	
(c) TOTAL Independent Expenditures	15898.77	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	3 2016	